

2018 Department Accomplishments

Ambulance: Ty Davison

- Worked with SMC Foundation to obtain a grant and receive funding for a UTV to assist with SAS' "off-road" patients.
- Worked with the department to develop a new logo and uniform change and successfully implemented it.
- Implemented shift requirements for PRN and full time staff to keep all staff up to date on processes and procedures at SAS.
- Created a 100% staffed schedule for November and December of 2018. (January is 100% staffed as well.)
- Worked with Matt Sells, SAS Board Members and the Shenandoah City Council to increase the subsidy by \$10,000, annually. This has not been increased in over 30 years.
- Improved the budget by reducing costs of on-call wages while maintaining positive and acceptable employee satisfaction.
- Trained all full time staff how to do audit run reports and apply charges. Set a process that requires this to be done daily.
- Kept full time staff turnover rate to 0 for the year.

Clinic: Amanda Oswald

- RHC accreditation for both Sidney and Shenandoah Clinics
- Successfully on-boarded OB providers Dr. Martee MacLeod-Kozal and Jona Hutson, CNM
- Successfully on-boarded internal medicine providers Dr. Timothy Smith and Stephanie Robinette, ARNP
- Addition of dermatology clinic Stephanie Lee, ARNP
- Maintained weekend Walk-in Clinic coverage and increased coverage in Sidney with the addition of Mondays staffed by Jessica Heitkamp, ARNP
- Sports Physical Event hosted 197 athletes
- Successful transition of Jonathan Moe as executive in clinic

Education: Alicia Sells

- Alicia obtained her LEAN certification which is a tool used to improve efficiency and eliminate waste within processes, departments, and organization.
- LEAN helped to develop new processes for Infusion therapy, pharmacy and IT to develop new order sets.
- Alicia Sells and Amy Reafleng obtained TNCC (Trauma Nurse Certification) Instructor course. TNCC courses will now be offered at SMC along with ACLS, BLS, and PALS.
- Licensure/Certification audit completed.
- Professional Practice Council and Daisy Award Coordinator.
- Fall poster presentation presented at May 2018 IONL Conference.
- STEMI course offered to staff for CEUs.
- May Mentoring Internship offered for students to come and work in different areas of hospital.
- Physician intubation training developed with CRNA to improve skills for hospitalist and ER providers.

- Number of students who completed clinical hours here at SMC: 100 students in different areas of hospital and clinic.

Elm Heights Dietary: Jennifer Dukes

- Developed a more resident-centered plan with the implementation of the resident select menus and implementing the always available menu. Worked hard to get our service time down to 30 minutes or less and have, for the most part, succeeded.
- Jennifer Dukes obtained her CDM certification.

Elm Heights Nursing: Lisa Johnson

- Successful annual survey with minor deficiencies.
- Developed Fall Prevention Program.
- Implemented Infection Prevention RN and developed Antibiotic Stewardship program.
- Completed requirements for Phase 1 and Phase 2 compliance.
- Completed Facility Assessment.
- QAPI committee and program implemented.
- Successful evacuation drill.
- Improved resident satisfaction scores.
- Focus on Person Centered Care.
- Competency training.

Emergency Department: Amy Reafleng

- Started Alert Iowa activation tool, which helps notify staff assigned for trauma, emergency OB, Incident Command at one time.
- Stop the Bleed Campaign: trained ER nurses have gone to many businesses and schools to train others on how to use tourniquet pack for major bleeds. SMC ER has given out 15 kits to community.
- ER Volume 2018: approximately 4300 visits.
- ER Patient Scores increased from 50% Top Box (0%tile) in 2017 to 74.6% Top Box (74%tile) 2018 4Q.
- Purchased new Cabinets for Emergency Preparedness, Papoose Board, Provider stools, Broselow kits for pediatric emergencies, LUCAS for CPR.
- Emergency Preparedness performed tabletop drill for tornado, live drill with high school students, participated with Elm Heights for evacuation drill.
- Developed Stroke protocol.
- 2018 Trauma Recertification for Iowa.
- EDTC (transfer data for CMS) increased from 50% to over 90%.
- Discharge LOS (length of stay) decreased from 142 minutes to 80-110 minutes.
- 5 nurses sent to Annual Trauma Conference.
- 2 nurses sent to IDPH conference.
- Staff positions filled.
- ED Collaborative developed with nurses and providers to improve communication.

Financial Clearance: Molly Pumphrey

- Implemented the surgery lookback process in June. This allowed us to catch and authorize surgeries that got scheduled without a prior authorization.
- 100 patients were approved for Presumptive Medicaid by members of the FC team.
- FC doubled their bill collection goal of \$9k to \$18k on average.
- Implemented a Charity Care expiration process to ensure Charity Care patients are re-applying for Charity Care before they expire. (helps with aging and a patient satisfier)
- Created an address update process with IT, because our early-out vendor was not getting new address updates. (helps aging and bad debt volume)
- Worked with Betsy to optimize the payroll deduct process. (employee satisfier)
- Created a new payment plan process for accounts set-up in house for easy tracking. (patient satisfier)
- Worked with Patient Access to cross-train all staff to assist with staffing needs.

Fiscal Service: Tyler Haug

- Created a more efficient accounts payable process that ensures accuracy in reconciliations, approvals, and vendor communications.
- Aligned monthly reconciliation processes with audit work papers to ensure a successful audit.
- Finalized process and procedures for all of month end, reconciliations, and other monthly tasks to ensure consistency within the department.
- Updated internal controls to reflect the process and procedures that were established.
- With the assistance of IT, Fiscal Services created the Expense-Breakout reporting that provides the Leadership team with actual expense data to review their EOM Cost Centers.

Food Service: Joy Lindburg

- With the addition of the take and bake program in November and December and preparation of ordered pumpkin bars, cheesecake, and holiday treats, Food Service had the largest December stats in the past 4 years.
- Joy Lindburg, Food Service Director – received her Certified Dietary Management certification.
- Hired and maintained a more qualified, motivated team.
- Hired a supervisor at Elm Heights that attained her CDM.
- Introduced the Fresh Delish menu for our heart healthy patients for education and good choice making.
- Succeeded in providing meals on wheels for Essex residents.
- Organized and modified department supply ordering for better inventory tracking.
- Contributed to the success of the Chamber Coffee and the 100 year anniversary celebration.
- Developed all food service staff to cater and deliver meals on campus to be able to expand catering to outside sources.
- Streamlined and coordinated patient ordering with the addition of the telephone headset. This contributed to the cooks' ability to take orders accurately and in a timely manner.
- Expanded and revitalized the evening menu with staff choices to order.
- Worked together as a team with Elm Heights to reduce waste by implementing the patient select menu and Always Available menu for Elm Heights residents.
- Analyzed the cooking process with Resident's council between the Hospital kitchen and the Elm Heights kitchen by involving them in monthly taste tests.
- Collaborated with Elm Heights in monthly resident choice meals.

- Marketed holiday take and bake menu options as well as numerous dessert sales to increase revenue in the cafeteria.

Foundation: Ashley Gredys

Fundraising:

Purchased (or in the process of purchasing) around \$70k worth of equipment

- Panda Warmer
- Exam Bed Lights in Clinic
- Prenatal Education Material
- Emergency Lighting for SAS
- Respiratory Therapy Equipment
- Patient Assistance Fund Aid

Employee Giving Success! – 34% of employees giving to our organization. 9% above the national standard.

Grant Writing – Written or in the process of applying for \$152,340.58 in grant funding this year

Event Funding - \$42,000 in event funding this year.

- 1-week sell out for dueling pianos event

Donor Stewardship:

- Identified 2 estates who have named us as a benefactor
- Received noticed of a \$50,000.00 estate gift coming in 2019
- Established an on-going Donor Recognition Wall
- Received over \$171,000.00 in major gifts

HIM: Earna Butler

- HIM Scanning:
 - 12,700 calls
 - 2,600 paper release
 - 169,797 copying
 - 95,525 (faxed)
 - 189,060 (received)
 - 2.1 mil documents scanned
- Discharge Analyst:
 - Deficiency Rate from 3% to .024%
- Coding:
 - HIM DNFB – from 10.29 to 0.0%
- Budget:
 - 98-99% range

Housekeeping: Christina Augustine

- Brought in-house laundry for both Elm Heights & Hospital at a savings of greater than \$100,000 annually.

- Taking over Sidney Clinic cleaning
- Easier process to get ahold of housekeeping via call forwarding line.
- Established a direct line to Laundry Services.
- Housekeeping Peer Interview Council.

Human Resources:

- Gift shop was profitable in 2018.
- Gift shop is employee and patient satisfier
- 17 volunteers working in gift shop
- Books R Fun, Lionne Jewelry, Geneva Linen, Scrubs on Wheels (2), Mona B trunk show
- Reportable workers comp incidents down from 18 in 2017 to 13 in 2018
- Better participation in employee wellness
- Flu shots 96% employee participation, 100% provider participation, which was 90% in 2017
- Hired and trained new HR assistant
- Worked with understaffed HR department for 3 months during maternity leave
- Lowered turnover rate from 27% in 2017 to 21.43%
- Facilitated benefit enrollment meetings with all new employees and managed current employee benefit programs
- Haley Christiansen received her PHR
- Developed LinkedIn recruiting site for open positions
- Updated all HR policies and procedures
- Completed Audit of I-9's and began correction process
- Review of market data for compensation on all positions and employees
- Reviewed and updated all job descriptions
- Assisted with LDI and LEM coordination
- Assisted with following events:
 - Hospital week
 - Golf outing
 - Christmas party
 - Thanksgiving Dinner
 - Adopt a family
 - IWCC career conference
 - Nights the lights came on
 - Red Cross blood drives (6)
 - Health fair
 - Retirement parties (4)
 - Welcome providers (2)
 - Community parades (5)
 - Veteran's day celebration
 - Holiday decorations
 - 100 year celebration

Information Technology (IT): Zac Zwickel

- Upgrade/Migration of many servers – SMC-DC01 (Dept. and User Drives), SMC-APPS (Help Desk)
- Implemented the External Referral Manager – SCM
- Launched New Intranet Site for the Organization

- Organization Wide Printer refresh
- Backup Process Reconfiguration to make more reliable
- New security camera installs for the Wellness Center, Pharmacy, Materials Management and Maintenance
- Reportable Labs – 12/3/18
- Text Recognition conversion of last 4 years of scanned billing documents to allow users to search file by text
- Implemented DocMgt to replace Capture Perfect
- Corrected outstanding issues with the 340B program files going to Macro Helix
- Migration of 6 unused switches in the MOB to the Data Closet – Saved us from having to by new switches at approx. 6k a piece
- PFM Upgrade from 5.8 to 17.3
- Began implementation of Workstation on Wheels to replace PC's in each room – Have gotten great feedback
- Successful File Share disaster recovery (Dept. and User Drives) along with migrating data to new server
- Automation of new charges (Accu-Check, Oxygen therapy)
- Deployed unused Storage Array that was in 300 Park Basement. This helped satisfy our storage needs with having to purchase new (20k)
- Implemented IT Orientation for new employees
- Excellent employee engagement this year (Volunteering at multiple events, Trunk or Treat and Pickle Jar winners)
- Average less than a business day turn around on Help Desk tickets
- Many Allscripts enhancements including new Operative (Brief) Note
- Configured tunnel to transmit images to UNMC – no longer have to burn to physical disc
- IT Office move from 300 Park to 300 Pershing

Laboratory: Brenda Young

- SMC became a Clinical Rotation site for the UNMC Medical Laboratory Science Program and we successfully hosted our first MLS Student. This provides a very successful recruitment tool for attracting Laboratory Professionals to Shenandoah Medical Center.
- Shenandoah Medical Center Laboratory initiated “on-demand” Procalcitonin Testing as part of the Antibiotic Stewardship Program with a turnaround time of 23 minutes from time of draw. We were the first lab our size in Southwest Iowa to offer Procalcitonin Testing!
- Initiated Urine Culture Testing and improved turnaround time by 24 hours.
- Initiated Chlamydia/GC Testing with “same day” results.
- The SMC Lab has initiated several “job-sharing” functions:
 - a. Assist Interventional Radiology with processing Fine Needle Aspirates
 - b. Assist Interventional Radiology with processing CT guided Bone Marrows
 - c. Assist Respiratory Therapy with performing EKG'S for Dr. Akkad's clinic
 - d. Assist the Surgical Team and Dr. Rose by processing frozen sections in the frozen section lab.
- SMC Lab began performing Paternity Testing when the Home Health & Hospice department closed.
- Sadeana Viner completed the “Train-the-Trainer” class at Intoximeters in St. Louis and can now keep all lab staff members current on their certifications.
- Automated Erythrocyte Sedimentation Testing and improved turn-around times by 40 minutes.

Maintenance: Randy Reafleng

- The remodel from Central Sterilization to I.T. offices.
- The remodel of 3 resident rooms at Elm Heights.
- The remodel of Room 229 and 230 for postpartum usage.
- Remodel of administration hallway
- Removal of receptionist desk and wall coverings from administration lobby.
- Remodel of HR offices.
- Remodel of old women's and men's locker room old surgery to new ED sleep room and OB provider's sleep room. Removed restroom from the ED doctors sleep room and constructed a new rest room in ED sleep room
- Added new bedroom at 317 Pershing.
- Added new break Room for Radiation Oncology
- Radiation Oncology / Cardiac Rehab lobby remodel.
- Built patio for memorial for Dr. Janet Bumgarner.
- Remodeled dirty side of laundry added 3 washers ran electrical and plumbing
- Replaced rusted Chiller line at Elm Heights.
- Replaced old florescent fixture with new LED fixtures in the Dialysis Center.
- Installed new LED dock lights.
- Replaced 2 heating units in resident rooms at Elm Heights.
- Sprinkler / Boiler / fire alarm / Fire inspections.
- Replaced 10 ton condensing unit and air handler at wellness center.
- Life Safety 2018 completed to date.
- New epoxy floor at Wellness Center entrance.
- Replaced shaft/bearings in air handler 2
- Electrical / plumbing / HVAC / Steam / Pneumatic issue
- 9554 completed work orders to date through November of 2018.

Marketing: Ryan Spiegel

- New SMC tagline and jingle, "Your Health. Our Mission."
- Increased FB followers to over 2K
- Successfully planned and managed 100-Year Celebration Event.
- Helped drive employee engagement score to 94% through internal activities and events.
- Successfully implemented the use of billboard advertisements in marketing strategy.
- Developed a strategic marketing plan to drive 2019 activities.
- Planned volunteer events throughout 2018 that drew 175+ participants to help our overall community image.
- Assisted the SMC Foundation with the employee giving campaign that resulted in most active giving year on record.
- Organized a Food Pantry drive that resulted in 2,000+ items being delivered to the local food pantry.
- Successfully developed marketing strategies to assist in the onboarding of Stephanie Robinette, ARNP, Dr. Timothy Smith, and Dr. Martee MacLeod-Kozal.
- Implemented an SMC Bowling League to help drive employee engagement.

Materials Management: John Yackley

- We are continually searching for better cost, areas we can buy eaches instead of by the box or case quantities and trying to work with the best suppliers.
- Denise worked on resets in Labor & Delivery, Med-Surg, Surgery, and ER. Resets are basically redoing the bins based on needs or additions of products. Surgery tends to be more on going than the others, but L&D did have her do some bigger changes.
- Inventory - we were holding overflow products for the larger departments, Surgery, ER, Lab etc. Denise has transferred all of these to our stock inventory so we are able to better monitor buying and outdates. This has worked well and hope this year will show decreases in outdates.
- SMC Equipment List - In 2018 with help from Kaley Neal and Brian Kegley of UHS we were able to create a spread sheet of all equipment located here at SMC. This list helps us to monitor PM's, as well as new and old equipment and that we may need to update. It is in categories of "UHS", "Maintenance", and "Contracted".
- 2018 started the year with streamlining how we do our department Inventories. Starting with the 2017 inventory we were able to scan the counts into the Microsoft GP system and drop on to spread sheets for easier review and extensions. With this method we are able to keep a file in the computer of all departments counted by year and a recap sheet. In the past it was done manually by hand taking up to two weeks to complete and ended up in a three inch binder, all that extra work and time has been saved.

Med/Surg/OB: Kim Sunderman

- 4 staff obtained Car Seat Certification to educate and inspect use of car seat.
- Grant 30 car seats and bed boxes to hand out to new moms who qualify.
- Purchased new manual BP cuffs for rooms, Badge access added to supply room between L&D rooms for safety, 2 Computer on Wheels to improve documentation at bedside, Accuvein to help find difficult veins on patients for blood draws and IV sites, Omnibed.
- Purchased via grants new Giraffe and Panda warmers for OB.
- Purchased new hearing screening machine.
- Added OB sign-on bonus to obtain trained OB staff, hired several experienced OB nurses as PRN.
- Patient satisfaction scores continue between 63-74% Top Box.
- OB births: 105 births 2018.
- Hired new OB physician.
- Patient Call Manager (PCM) discharge follow up calls increased from 60% attempted, 50% completed to 95-100% attempted, 80% completion.
- 100% Documentation Club started to audit nursing documentation.
- New communication boards placed in rooms.
- Emergency C-section training started with OB staff.
- 2 falls without injury, zero catheter infections.
- Patient immunization 100%.
- One night OB position available.

Nursing (Hospital):

- Professional Practice Council which consists of nurses, techs, nutrition from Elm Heights/Clinic/Hospital.

- Daisy Awards: given out quarterly to nurses. First award given to Shanna Braymen during Christmas celebration. Each quarter is designated to either hospital, clinic, EH and nurse leaders.
- Pickle Pledge: Pickle Pledge is a fun way to help prevent negative behavior in all areas. When someone is found to gossip, behave negatively they will put a quarter or positive suggestion in the Pickle Jar found at different areas around hospital. Money is then donated to the Patient Assist Program.
- Participation in survey with 26 states involving Swing Bed patients with Stroudwater Analytics and Minnesota to show CMS that this is a necessary program in Critical Access Hospitals. Pre-hospital and discharge assessments are entered electronically for all Skilled patients.
- Remodeled new OB rooms for overflow.
- New ED and OB sleep rooms.
- Process meetings help with Surgery regarding scheduling, Housekeeping and Walk-in/ER admits. New action plans developed and will be followed quarterly.
- Nurse week luncheon in May now includes clinic and EH along with hospital staff

Nutrition: Shala Davidson

- New pre-op system with schedulers.
- Improved menus and implement Point-Click-Care system to improve compliance with diets.
- Care coordination with EH CDM (Certified Dietary Manager) to improve overall care of patients, auditing and documentation.
- Developing new plans/education for outpatient cardiac and diabetic classes.
- Developing processes with Dr. Woods regarding weight management.

Patient Access: Tamara Gray

- Patient Access point of service collection totals for the year: Patient Access Specialists: \$200,696.25 and Patient Financial Counselor: \$227,126.79 for a total of \$427,823.04.
- Implemented a new consent to treat that is more patient friendly.
- Pushed to get water coolers in the waiting areas, which was a huge patient satisfier.
- Posted Patient Rights and Responsibilities in English and Spanish in each pod.
- Installed printers in each pod.

Personal Training: Nikki Carlson

- Went 24 hour access.
- Had a successful year of 30 minute thunder and boot camp classes.
- Continued a successful relationship with Winsor Manor in providing wellness classes.
- Shen Fest Fun Run
- Organized and held the Health Fair on site.
- Successful employee wellness program with Fitbit.
- Presented to the following organizations: Southwest Iowa Seminar, Shenandoah chapter of Clover kids, Pella Corp.
- Worked on transitioning the employee wellness program to the new wellness company Move Spring to start in Jan.

- Heather Grebert obtained her Health Coaching Certification and her Fitness Nutrition Specialist certification
- Amanda Branson started back to school for Speech Therapy.
- Completion and assessment of client satisfaction/needs survey.

Pharmacy: Amanda Mather

- Successful HRSA audit for our 340B program.
- Successful inspection from the Iowa Board of Pharmacy.
- Added Penn Drug as a contract pharmacy for our 340B program.
- Reached a 62% operating margin for our 340B department when budgeted for 51%.
- Stephanie Priest became a 340B certified expert.
- Maintained a 79-80% operating margin the in pharmacy department.
- Reorganized the pharmacy by binning all medications and labeling them in a consistent manner to make it more efficient for the pharmacy and nursing staff.
- 99.81% Compliance rate for purchasing on contract with our wholesaler.
- Began ordering our fluids through our 340B program to increase savings.
- Implemented new non-formulary medication charge process to ensure charge capture.
- 76% of INRs in range for the anticoagulation clinic for the year of 2018.

Physical Therapy: Eric Holste

- 2 PTs received functional dry needling (FDN) education bringing the number of FDN providers to 3.
- Eric surpassed the requisite 200 needlings to be qualified to take the Level 2 FDN coursework.
- Successfully recruited full-time Speech Language Pathologist.
- Successfully filled a vacant position in our OT department with no disruption in patient services.
- Started a relationship with CRHC to share SLP services.
- Have one team member who is seeking to further her education and is currently taking classes to become a SLP.
- FOTO patient satisfaction top box score of 93.21 from 1/1/18 through 11/30/18.
- FOTO patient satisfaction rank of 98% for the 12 months from 10/1/17-9/1/18.
- Q3 FOTO awards: Top 15% for knee utilization, Top 20% for knee effectiveness.
- Q1 FOTO awards: Top 5% for back/lumbar effectiveness.
- PT averaged 185.88 patient visits per week for the entire year. Our goal was to average 178.
- Conducted a comprehensive patient feedback survey for the Wellness department.
- Participated in both the Essex and Shenandoah STEM fairs.
- Completed MHA certificate and have one employee working on her Masters in Healthcare Admin.
- Provided concussion assessment and sideline coverage for Shenandoah and surrounding area for the fourth straight year.
- Entire group was very engaged in both the community volunteerism opportunities and in the foundation giving campaigns.

- Able to get good engagement from the staff on “Emotional Intelligence” information that was taught at the late summer/fall LDI. Implemented this through four weeks of education in our “weekly focus” documents and real life teach back through patient and co-worker interactions and follow-up discussions.
- Re-vamped our eligibility and pre-authorization process with the assistance of the prior-auth/financial clearance team to minimize denials.
- Currently meeting all four departmental LEM goals.
- Received SMC Team Spirit Award for 2018.

Population Health: Sue Hanna

- Held four flu vaccine clinic – the most ever held in a flu season. The number of flu shots administered at the clinics went from 100 last year to 280 this year.
- Vaccinations in general have increased due to referencing IRIS when patients come in for a flu shot or another vaccination. From 10/1/17 to 10/31/17 we had a total of 899 vaccinations, and for the same time period this year, we had a total of 1,146.
- Formed a Patient-Family Advisory Council with the first meeting to be held in January 2019.
- Began partnering with Medtronic to obtain insulin pumps for patients with poorly-controlled diabetes, which will lower our average A1C numbers.
- Sue Hanna completed the IHA Leadership Development Program.
- Held our second Kids Collaborative Meeting between the Shenandoah Community School and SMC. Developed a standardized excuse note for a student missing school, which has helped decrease truancy issues. Planning a follow-up meeting in the spring to address concussion protocol prior to football season in the fall.
- Held the first Care Conference to coordinate care for an individual with multiple departments present, including the patient, Waubonsie Mental Health, Dr. Timothy Smith, Jackie Pease, LPN, and our Population Health Department. We have another one scheduled for a different patient before the end of the year.
- Rhonda Curtis and Ashley Gredys partnered with the Southwest Iowa Families to coordinate the diaper drive.
- Dr. Smith, Stephanie Robinette, DNP, and Rhonda Curtis have been researching the requirements for prescribing THC and the CBD oil, so that the procedure is followed as required by law. This process was reviewed and addressed at a provider meeting.
- Laura Rooker is building registries for our patients by using the Clinical Summary tab in Allscripts.
- Working closely with Allscripts, IRIS, Public Health and our IT Department towards the goal of Allscripts populating vaccinations into IRIS.

Quality/Infection:

- Improved Star Rating from 2 to 3 in 2018.
- Met all quality goals per LEM.
- Improved quarterly Quality meeting to include all managers who report data and what they are doing to meet those goals.
- Foley catheter documentation/orders improved from 35% to 87%.
- Zero CAUTI (catheter urinary tract infections).
- 2018 employee vaccinations increased to 96% from 86% 2017, physicians 100%.

- Hand Hygiene improved from 30% to 85%, new audits sheets developed with weekly audits.
- Blue Distinction Survey for total hip and knee replacements in process to obtain SMC Blue Distinction hospital for orthopedics.
- Shanna Braymen hired as quality coordinator/OB lead.
- Peer reviews 2018 completed.
- Readmissions <2%.

Radiology: Chris Isaacson

- Iowa Department of Public Health Mammography inspection with 'NO' discrepancies.
- FDA Mammography inspection with "NO" discrepancies.
- Iowa Hospital inspection with 1 minor discrepancy.
- Maintained above a 100% productivity rate for 2018.
- Promoted ultrasound and thyroid exams during the Health fair resulting in highest level of thyroid ultrasounds ever performed.
- Patient satisfaction rates soared to the 95 percentile level.
- One of the SMC leaders in keeping overtime rates to a minimum.
- Ranked in the top 3 in overall gross/net revenue for SMC.
- Minimal denials of radiology exams requiring a prior authorization or insufficient diagnosis.
- Increased a deflated bone density referral program through marketing to providers to increase back to 2017 numbers by end of 2018.
- Marketed PET-CT to providers by reviewing patient CT Chest exams and forwarding to ordering providers those who meet a PET-CT diagnosis for nodule noted.
- Upgraded the Siemen's R&F room to digital and eliminated the x-ray film processor along with its maintenance fees and preventing a 20% penalty for not being compliant with FDA regulations for digital imaging.
- Recruited a Clarkson College student through quarterly meetings to ultrasound schooling at the Nebraska Medical Center to offer more coverage/flexibility/replacement of a retiring technologist without paying a travel agency.
- Maintained to slightly increased revenue despite the lead employer in the community laying off 75% of its employee's and 3% population decrease.
- Trained more Clarkson and Methodist students than any year prior.
- Successfully trained all SMC and Radiology staff for Radiation Safety.
- Reduced Total operating expenses in Radiology/CT/Ultrasound/Mammography/Nuc Med by \$209,432 vs. 2017 and wages by \$55,197 through Nov 2018 and Dec volumes very high.

Respiratory Therapy: Neal Peterson

- Documentation of RT medication education has been trending upwards all year.
- Implementation of therapist-driven protocols for pneumonia patients has very likely shortened patient stays.
- Documentation of RT medication side effects has been trending upwards all year.
- Poor-quality electrocardiograms are rarely seen now.
- All competencies were completed by all therapists this year.
- Therapists cross trained into a new cardiac diagnostic monitoring system.
- Sleep lab patient survey resulted in 99% top box evaluations.
- Technical evaluation indicators of sleep study recordings resulted in 99% accuracy.

- Elapsed time for completion of sleep studies averaged 15 days -- the national average is 28-42 days.
- Absolutely NO retests were required for sleep studies completed in 2018.
- RT employee satisfaction is trending upwards.

Revenue Cycle/Business Office: Jen Staebell/Rachel Savary

- No SAS denials in 2018.
- POS Collections at \$427,823.04.
- One hundred patients approved for presumptive Medicaid.
- Quality reviews implemented in all areas.
- Lowest clinic and hospital denials in the month of November that we have seen in over two years.
- Achieved credit goal of \$250K for the year.
- AR days down to 55.7.

Scheduling: Kayla Terry

- Rebuilt all family practice providers schedule templates on 20 minute intervals.
- Developed and implemented a referral process.
- Developed and implemented a no call/no show tracking process.
- Cleared schedule templates and transitioned patients from leaving providers:
 - Dr. Prusa
 - Dr. Salwitz
 - Dr. Wilkinson
 - Dr. Kambhu
- Built new master schedule templates for oncoming providers:
 - Dr. Smith
 - Stephanie Robinette
 - Jessica Heitkamp
 - Dr. MacLeod-Kozal
 - Maternal Fetal Medicine
 - Heartland Oncology

Surgery: Joni Royer

- Patient Satisfaction scores: Maintained 85-89% Top Box.
- Podiatry services added 2018.
- 2018 IR volumes: 222 procedures.
- Started bone marrow aspirations.
- New OR opened.
- Equipment purchased: Ultrasonic washer, cleaner, fluid management system, glidoscope.
- OR bonus offered for experienced OR nurses.
- Positions filled at this time; goal is to decrease travelers to zero by April 2019.